



WEMOS IN 2017

An overview of our activities

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Introduction

Wemos was founded almost 40 years ago by Dutch medical students who were convinced that medical interventions in low- and middle-income countries can only be effective if structural causes are also addressed. I feel grateful to take up the position of director and to work with a team of committed professionals advocating the right to health worldwide. It is with pride that I look back at my first year at Wemos. Connecting the national, regional and global is where we can make a difference.

2017 marked our second year in the Health Systems Advocacy Partnership with Amref, ACHEST and Health Action International, a partnership with a specific focus on strengthening health systems to achieve progress in sexual and reproductive health and rights, especially in five African focus countries. The ultimate aim of strengthening health systems is to achieve Universal Health Coverage, in line with Wemos' mission to promote access to health and protection against threats. Together with our partners, our staff developed country profiles on key health systems constraints, strengthened our network, and identified new CSO partners to collaborate with. We believe that improving and influencing relevant international policies will contribute to structural improvements in health systems in low- and middle-income countries. Wemos uses country-based analysis to feed into these global policy level debates to substantiate our arguments.

Our Medicines project has likewise booked milestones with events in the European Parliament for better monitoring of clinical trials regarding ethical testing of new drugs, sparking further discussions in the Parliament. We also succeeded in putting on the political agenda the need for independent research on medicines and registration of only medicines with added

therapeutic value.

Thanks to our lobby in the Dutch Parliament, the government adopted two resolutions on endocrine-disrupting chemicals, one on public information protecting pregnant women and another on a ban on BPA in food contact materials. This is a step towards a better protection of our health.

Our Dutch and international networks and partnerships have again shown their indispensable value; they have helped to amplify voices of like-minded civil society organizations and sharpen our arguments. At international forums, we built new coalitions on the topics of universal health coverage and human resources for health, and we addressed the worldwide shortage of health workers at the first Global Health Café, a cycle of debates that we organize together with our Dutch partner organizations. At the same time, we continue to build on our Wemos brand and increase our visibility; our increasing follower base on social media shows that we are on the right track.

We also made successful steps towards a more diversified funding base. We reach out for more impact with our programmes through new and existing collaborations with Dioraphte, IDA Charity Foundation, Open Society Foundations, ASN Foundation, the Dutch Ministry of Foreign Affairs and Adessium Foundation. We are grateful for their confidence in and support for our work. In 2018, we work towards guaranteeing our present funding and reaching out to new institutional funds, also internationally.



There is a lot to do; we cannot wait.

Mariëlle Bemelmans
Director



HIGHLIGHTS

2017

COLLABORATION WITH OPEN SOCIETY FOUNDATIONS



In the latter half of 2017, Wemos started a new collaboration with Open Society Foundations on two projects: Aid For Trade in the health care sector and Medicines That Matter.

NEW DIRECTOR



In April, Mariëlle Bemelmans was appointed as our new director. An experienced global health expert, she shares Wemos' vision: 'Health is a human right. It concerns us all.'

GLOBAL HEALTH CAFÉS



In a new series of public debates about global health, we reach out to the Dutch public. During the first debate (held in KIT), experts exchanged views on the global health workforce crisis. Wemos is a partner in the Cafés, which are coordinated by the journalistic platform Vice Versa.

ANALYSES OF FIVE AFRICAN COUNTRIES



We strengthened our collaboration with civil society organizations in our partner countries Uganda, Kenya, Zambia, Malawi and Tanzania, as part of the Health Systems Advocacy Partnership. The analyses of these countries reinforce our advocacy for more effective investments in the health sector: health care for all, and better access to high-quality sexual and reproductive health care.

DIALOGUE WITH INFLUENTIAL INTERNATIONAL ORGANIZATIONS



Wemos embarked on a series of critical dialogues with the Global Financing Facility, a partnership hosted by the World Bank and set up to strengthen health systems, by focusing on maternal and child health care. The focus includes African countries, among which are our partner countries.

ACTION PLANS FOR HEALTH WORKFORCE SHORTAGE



Wemos organized a session about the increasing shortage and unequal distribution of the global health workforce at the fourth Global Forum on Human Resources for Health in Dublin. We also formed a coalition of civil society organizations with partners. The session built upon the World Health Organization's Member States' action plans that were adopted this year.

EVENTS FOR DUTCH MEMBERS OF PARLIAMENT



Wemos organized two events for Dutch Members of Parliament and their staff members about endocrine-disrupting chemicals and conditions for public investment in medicines. Both contributed to the political discussion about these topics. The events took place at the Dutch Parliament and press centre Nieuwspoort.

SPOTLIGHT ON UNETHICAL CLINICAL TRIALS IN AFRICA



In early 2017, we published our report 'Clinical Trials in Africa', a compilation of four of our earlier reports about unethical practices in clinical trials. Partly as a result of our lobby in the European Parliament, the European Medicines Agency now reports annually about its inspections in clinical trials in low- and middle-income countries.

INTERNATIONAL LOBBY CIVIL SOCIETY ORGANIZATIONS



Over the course of the year, Wemos worked to increase civil society organizations' negotiation space at international forums. We did this with networks such as the Geneva Global Health Hub.



Our vision

Health is a universal human right. Governments must ensure that the conditions for the health of all citizens are in place: access to health and protection against threats to health.



Our mission

Wemos is an independent civil society organization and aims to improve public health worldwide.

- ▶ We address governments, and by extension, multilateral organizations on their responsibility to realize the right to health.
- ▶ We analyze Dutch, European and global policy that affect health, and address practices that undermine health or health systems.

Our strategy

- ▶ We advocate a comprehensive approach to health: in all policy areas, health is involved.
- ▶ In our view, public health should prevail over political and economic interests.
- ▶ We are critical, yet constructive.
- ▶ Our advocacy is evidence-based.

Health Systems Advocacy

Financing for Health and Human Resources for Health

Wemos advocates the right to health. The current specific advocacy focus is on strengthening health systems to achieve Universal Health Coverage (UHC). Our largest programme is the Health Systems Advocacy Partnership (HSAP), together with Amref Health Africa, African Centre of Global Health and Social Transformation (ACHEST), Health Action International (HAI) and the Ministry of Foreign Affairs. We work with partners in Kenya, Uganda, Zambia, Tanzania and Malawi on innovative practices that combine advocacy, research and civil society engagement to strengthen health systems from the bottom up, and advocate for critical issues at international level and in the Netherlands.

The vision of the partnership is: African societies in which people are able to realize the highest attainable sexual and reproductive health and rights (SRHR). The key premise underlying this vision is that sustainable and accessible health systems are a prerequisite to better SRHR outcomes. We aim to achieve this by creating a functioning and effective space for dialogue and dissent addressing health systems strengthening (HSS) through health financing, human resources for health (HRH) and health governance. The long-term outcome is that stakeholders (governments, international bodies, institutions and private actors) at all levels take responsibility for effective policies and policy implementation, including sustained funding for HRH in order to achieve better SRHR outcomes.

Wemos works on two main themes within the HSAP: financing for health, and HRH, with governance as cross-cutting theme. In 2017, Wemos made great strides in developing a strong evidence-base on factors that hinder UHC in the five focus countries. We are developing clear positions on necessary changes to (inter)-national policies and practices to achieve strong health systems. We are also developing and in the process of implementing a comprehensive package of lobby interventions aimed at key international decision and policy makers,

and international and national civil society organization coalitions.

Analyses of the five focus countries in Africa

In 2017, together with our partner organizations, we gathered up-to-date information on access to health services, gaps in financing and HRH in the HSAP partner countries. These country studies, including a critical analysis of international policies and new scientific evidence, are used to support our lobby efforts on financing for health systems, including HRH, in order to achieve SRHR goals. A start has been made with a publication on the situation in Malawi. Elements of this study have already been used to support our lobby messages at international forums, including the Fourth Global Forum on Human Resources for Health in Dublin, and the UHC Forum in Tokyo. Similarly, our findings from the assessments in Kenya, Uganda and Zambia have been instrumental in highlighting the complexity of HRH issues and building the case for more and better health financing, particularly for HRH.

Dialogue with influential international organizations

Wemos embarked on a series of critical dialogues with the Global Financing Facility (GFF), a partnership hosted by the World Bank

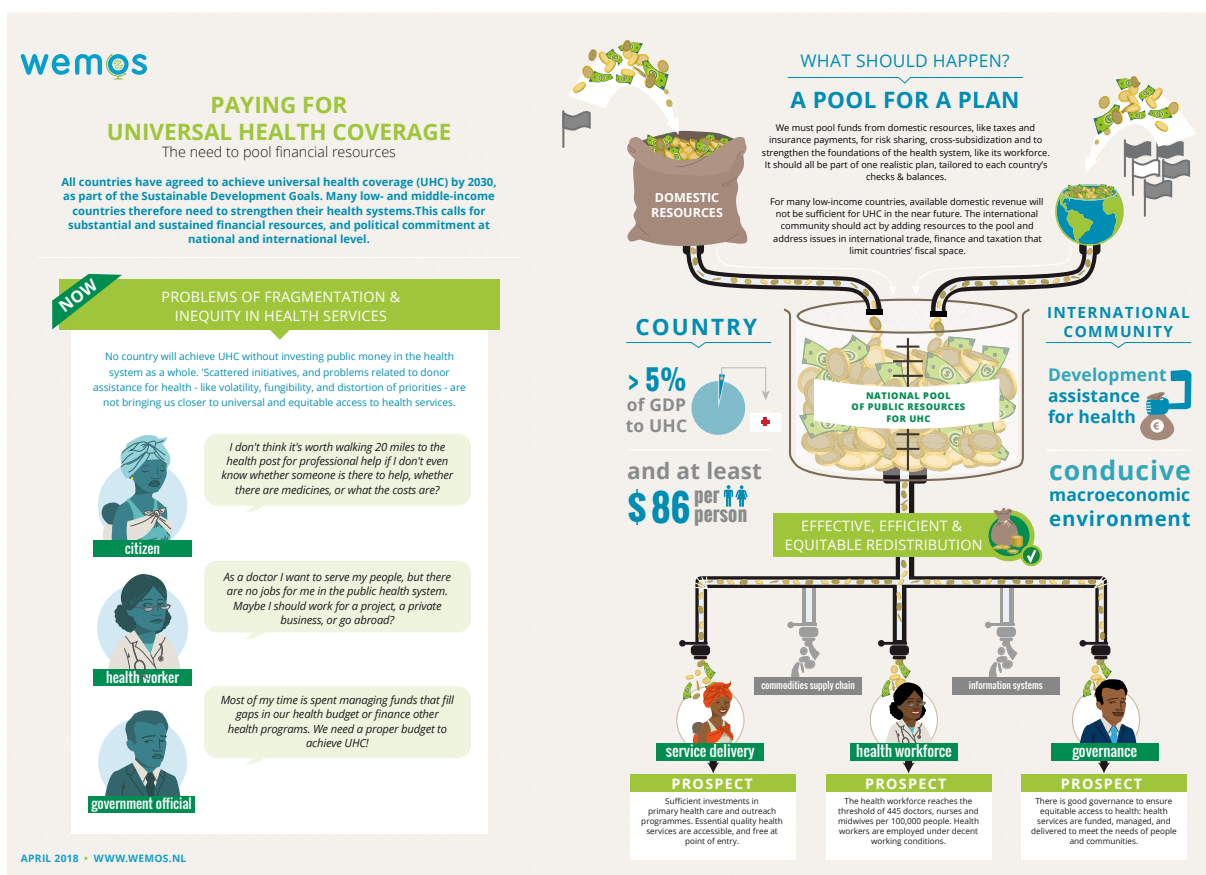
and set up to improve reproductive, maternal and child health care in 26 countries (including four HSAP countries). GFF is a new funding model, which is being closely followed by the international development community. Wemos is closely monitoring whether the GFF contributes to stronger health systems for sexual and reproductive health and rights in order to help steer the international agenda and address key concerns around inclusiveness and sustainability.

Action plans for health workforce shortage

At the Fourth Global Forum on Human Resources for Health in Dublin, we organized a session about the increasing shortage and unequal distribution of health workers worldwide. Together with partners, we initiated the formation of a HRH coalition for civil society organizations. The aim is to spur action from a civil society perspective by bringing together local, national and international initiatives. We identify opportunities and link with

national Human Resources for Health coalitions, such as the ones in Malawi and Tanzania. The session built upon the World Health Organization's 'WHO Global Strategy on Human Resources for Health: Workforce 2030' that was adopted in 2016. Another milestone was the high-level five-year action plan on Health Employment and Economic Growth by WHO, OECD and ILO to which Wemos contributed through consultations. This plan was adopted by WHO resolution in May 2017.

Earlier in the year, at the 67th session of WHO's European Member States, Wemos delivered a statement as member of Medicus Mundi International (MMI). In the statement, we stressed that without investments in health workforce, it will be impossible to guarantee health security and universal health coverage. WHO member states should invest in training a sustainable health workforce, so as to avoid a *pull* effect on recruitment of health workers from low-income



Infographic 'Paying for Universal Health Coverage'



countries. The member states must not revert to 'quick fixes' such as recruiting personnel from countries with an unstable health system. The WHO Global Code of Practice on the International Recruitment of Health Personnel, a guideline for global ethical recruitment of health workforce, remains imperative. Wemos has been involved in the development and endorsement of the Code and lobbies for adherence to and implementation of the Code.

Towards Universal Health Coverage

On Universal Health Coverage Day on 12 December, we launched the infographic 'Paying for UHC'. The infographic emphasizes the importance of effective financing for UHC so that all people have access to quality health services without financial hardship. We participated in the Global Forum for Universal Health Coverage in Tokyo. This was the first large UHC gathering since the start of the international UHC2030 Partnership in 2016. The aim was to have politicians and policy makers from low- and middle-income countries

join forces with international organizations, civil society organizations, the private sector and academic institutions. We organized a well-attended panel discussion together with partner organizations on the impact of financial barriers for individual citizens to access health services.

International lobby of civil society organizations

Over the course of the year, we worked to increase civil society organizations' negotiation space at international forums, particularly on key components of health systems strengthening. We did this with networks such as the Geneva Global Health Hub (G2H2), of which we are one of the founding members. We are an active member of Medicus Mundi International, a key international global health network that tackles crucial health systems topics and brings them to the attention of international agencies and governments. We also support the People's Health Movement and actively participate in its WHO Watch during the annual Executive Board meeting and World Health Assembly.

Civil society as a 'change agent'

In the article 'Civil society contributions to a sustainable health workforce in the European Union', published in Public Health Panorama (Sept 2017), Wemos, the Institute of Tropical Medicine (ITM) and European Public Health Alliance (EPHA) point towards the role of civil society as a 'change agent' in fostering change in health workforce policy. It presents examples of experiences from the project Health Workers For All, a collaboration between civil society organizations from eight European countries, which Wemos coordinated. The project resulted in valuable case studies from the countries, expert meetings and a petition. The lessons derived from these experiences are also applied within the HSAP with our African partner organizations.

Global Health Cafés

Together with the media platform ViceVersa and other civil society organizations in the Netherlands, we started a cycle of public gatherings - Global Health Cafés - with the aim to raise awareness on critical global health issues, facilitate African voices, to engage the public and show the way forward regarding global health policies. The first Café in November 2017 was on Health Workers. At our invitation, Amanda Banda, advocacy coordinator at Médecins Sans Frontières, and Prof. Francis Omaswa, ACHEST Director, participated in the panel discussion. In her contribution, Banda emphasized the need for more and better trained and paid health workers. 'The health workers should also be more evenly distributed, so that also rural areas - where still most people live in Africa - are covered. A good health system finds people where they are, it is easily accessible when and how people need it.'



2018

The HSA partnership has matured and we look forward to continuing our work with civil society organizations.

We will use findings from our country analyses to address the existing shortcomings in financing and the shortage and inequitable distribution of health workers. In 2018, we will produce fact sheets in collaboration with civil society organizations in the African focus countries. In these fact sheets, we will translate international developments, trends, resolutions and political commitments for advocacy purposes at country level. We actively engage in civil society organization networks worldwide that are working towards better investments in health systems. This includes building a strong health workforce, and ensuring sustainable financing and strong leadership.

In addition to HSAP, we have started a new programme with IDA Charity Foundation to develop country-case studies as evidence-based input in our interventions and dialogue at European and international level. Another exciting new initiative is the Open Society Foundations-funded 'Public Return on Public Investment' (PRPI) project, which pursues policy to ensure that public investments in health are of true value to public health.

The challenge for 2018 will be keeping the pace in this ambitious portfolio and identifying new opportunities to expand our work in health systems strengthening worldwide.

Strengthened collaboration with civil society organizations

In 2017, we strengthened our collaboration with civil society organizations in Kenya, Malawi, Tanzania, Uganda and Zambia. During visits to all five countries, we discussed with our partner organizations and other civil society organizations the bottlenecks to stronger health systems and strengthened each other's advocacy.

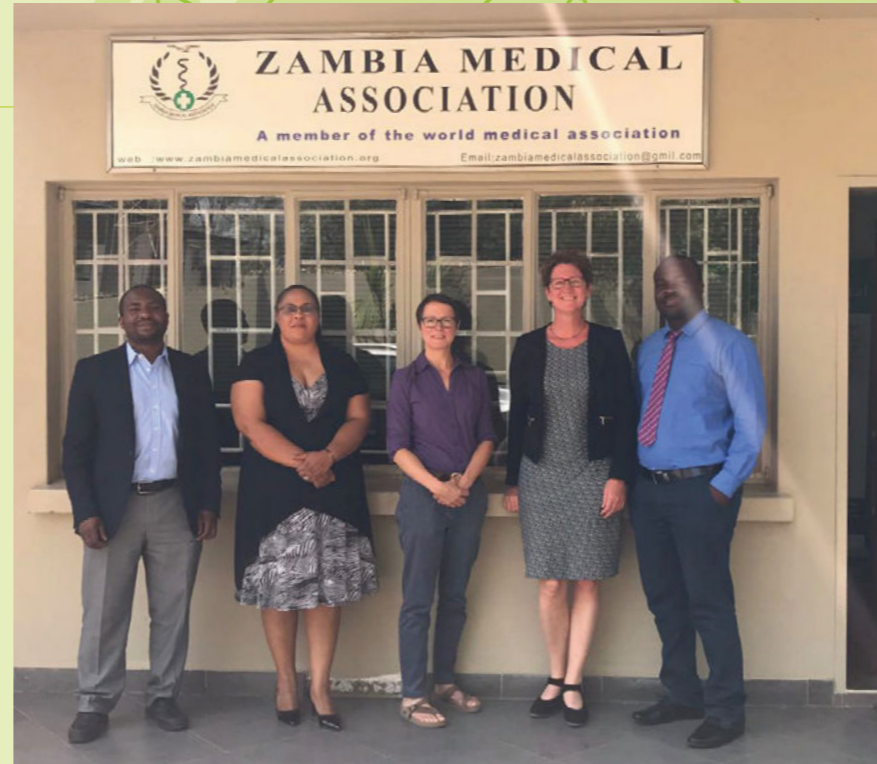
In Malawi, together with the National Organisation of Nurses and Midwives of Malawi (NONM), we visited health workers in the Mchinji district hospital and at a rural health clinic. Their greatest worry is the shortage of jobs. The health workers who do have a job get severely overworked due to long hours, too few leaves and poor working conditions.



Nurses and midwives at Mchinji district hospital, Malawi



The four health workers of Kapanga Health Centre, a rural health clinic in the Mchinji district, Malawi



Visit to Zambia Medical Association



Tweet ACHEST



Visit to and discussion with health workers in Kajiado County, Kenya



KAREN KRAMER Manager Health Systems

A health system is comprised of six building blocks: governance, financing, health workforce, medicines, service delivery, and health information systems. When all six elements function well separately as well as together, the result is an effective health system. When one or more elements are not functioning, then all the cogs in the wheel start to grind down. In my work as a Health Systems Manager, I take on different roles, however, my focus is on leading the Health Systems team. We critically analyze international policy and its targets, and offer a realistic response to that international policy based on data and evidence from the countries.

Health systems in many low- and middle-income countries are very weak. Governments do not have the financial capacity to hire and retain sufficiently qualified health professionals; medicines and medical equipment are often in short supply; not enough investments are made in health systems; good quality data is lacking; and often, there is weak leadership. In short, improvement is needed in all components of the health system. As members of the international community we have committed ourselves to the sustainable development goals (SDGs). SDG3, the global UHC target, is especially important here: all people receive the quality services they need, and are protected against health threats, without suffering financial hardship. But *how* do we achieve that when health systems are failing?

It is important to begin with insight. Scientific and policy analyses must necessarily be translated into concrete examples. When people do not know where they stand, or where they should be heading, it is impossible to move

KAREN KRAMER MANAGER HEALTH SYSTEMS

forward. In 2017 therefore, we commenced by making analyses in the five focus countries in Africa. One conclusion was that most countries do not achieve targets set in their own country strategies, let alone international ones. We discussed these results with our partners and with local and international representatives involved in the health sector. Often, local organizations are not aware of the international targets as these are most often only discussed and regulated at ministerial level of governments. It can take a great deal of time before this information finds its way down to the people and organizations that implement or are part of developing policy. Conversely, international policy must be adopted according to concrete realities from the countries for which it is developed.

'We address the difference between the ideal and the reality'

Our focus for the coming years is on addressing the shortages of well-trained health professionals and the lack of finances for health systems. *Push- and pull-*factors play an important role in migration and mobility flows: health workers are, for example, pushed out of the system by low salaries and poor working conditions (*'push'*). Subsequently, they are employed by higher income countries, including

other African countries where both the pay and the conditions are better (*'pull'*). The expectation is that in 2030, 40 million extra health care jobs will be created globally to respond to increased health needs, but that there will be a critical gap of 18 million health workers, mainly in low- and middle-income countries.



Karen Kramer with Semkai Kilonzo, Prisca Kowa and Hellen Masawi of Policy Forum, a network of civil society organizations in Tanzania.

KAREN KRAMER MANAGER HEALTH SYSTEMS

Our objective is to compare the ideal with reality and to address the difference. International and national policy and decision makers must be made aware of where policy is failing, and especially, what needs to be changed. In 2018, we will therefore develop the national analyses further and compare the health care budgets of the focus countries with the jointly set international targets. Together with like-minded organizations, we will initiate and continue a broad, global discussion on this issue. This is not simple as the emphasis is most often placed on the short term (*quick wins*) as opposed to the long run (*transformational changes*).

For many, the term 'health system' is abstract. Yet it is all about tangible problems which can be tackled worldwide with better investments, so that in the future, it is no longer life-threatening for poor women to bear a child, or that new-born babies do not die on the day of their birth, and that people do not die from curable diseases. Well-trained midwives are needed, nurses and doctors: the needs are especially high in more remote locations. Affordable medicines are needed as well as much more investment to finance it all. If we as an international community aim for a healthy population, including all the positive effects that accompany that goal, then we must begin with an effective health system. Wemos seeks to play a unifying role in these efforts and I believe we are going in the right direction.'



BARBARA FIENIEG Global health advocate

I think that everyone should have access to good, essential health care services focused on prevention, curative and caring, and without financial obstacles. This is also the benchmark of Universal Health Coverage (UHC) in its plea to governments, that sufficient money be spent to bolster the health care system and all its components. The target is a system that facilitates solidarity and reduces differences in accessibility to health care within a country.

Huge challenges still exist. In 2001, the countries of the African Union agreed to spend at least 15% of their yearly budgets on the health sector. Simultaneously, they called upon donor countries to increase financial support for the area of health care. Today, that 15% target is met by only a few African nations, none of which are members of the focus countries of the *HSAP* (Uganda, Tanzania, Zambia, Kenya and Malawi). It would even appear that since that year, things have only gotten worse in terms of the level of public funding spent on the health sector; this became evident in a recent study by the World Health Organization. Funding for *Development Assistance for Health* has also decreased.

This deterioration is the result of so many different factors that a solution is not simple. That is why *Wemos* strives for a more effective international approach and, since 2017, has undertaken an analysis per individual country. This work is not only done in support of the NGOs in the focus countries, but also to make possible improvements clear to the international community. Donor countries and international organizations are, despite their good intentions, at times detrimental in their role. For example, the *International Monetary Fund (IMF)*. Annual meetings are held with the countries that hold loans from the IMF. A review is carried out to see whether such countries are 'on track' relevant to their loan responsibilities.

BARBARA FIENIEG GLOBAL HEALTH ADVOCATE

In 2015, for example, Malawi received the advice that it should not spend too much money on civil servant jobs. The consequences? The government of Malawi immediately halted hiring any new employees in the health sector. It happened at just the same moment that 300 recently trained nurses and midwives had started to work in regions where they were very badly needed. But the government called them back based on the advice as handed down by the IMF. You cannot blame them: officials must take decisions concerning budgetary allocations and they take such IMF advice extremely seriously. Yet the number of mothers dying in childbirth in Malawi is a plea for trained health care professionals. This is what makes our dialogue with NGOs, the government, and organizations like the IMF and the World Bank so important.

'We need more cooperation'

We are convinced that only by a serious pooling of assets can many of the usual problems be addressed, problems including fragmentation and duplication of efforts, shifts in priorities, ineffectiveness, inertia, and corruption. We advocate better coordination in health care financing. Cooperation between donors and

recipients and between individual donors would enable all to bundle resources effectively for the entire health care system, every action based on a strategy that best fits any specific situation and the first priorities of the country in question.'



Barbara Fienieg in a meeting with the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) in Kenya.

Medicines

Wemos' work on medicines focuses on the added therapeutic value of medicines (ATV), that should be based on independent clinical research. We also advocate conditions for public investments in new medicines, and responsible licensing. We aim for the development of medicines that address true medical needs. Next to that, we have a long track record focusing on ethical testing of new medicines in clinical trials in low- and middle-income countries.

Lobby in the European Parliament

Our lobby in the European Parliament was aimed at having the European Medicines Agency (EMA) report annually about its inspections in the ethics of clinical trials in low- and middle-income countries. Thanks to our successful lobby, the EMA's annual reporting is now a fact. This will contribute to better protection of clinical trial participants.

Another success of our lobby in the European Parliament was the letter from three Parliamentarians from the Green and the Christian Democratic Parties to EMA Director Professor Rasi. In this letter, they referred to our report on clinical trials in Africa, and expressed their concern about the fragile position of clinical trial participants in low- and middle-income countries, demanding more transparency from the EMA herein. In his reply, Professor Rasi stated that he is actively working on capacity building in the countries. We see this as a positive development, but think that still more should be done.

Parliamentarians' attention on public investments in new medicines

We organized an event for Dutch politicians about conditions for public investments in new medicines in the Dutch Parliament. We focused on the fact that despite high public investments in the development of new medicines, those medicines' prices are still sky-high. We find this unacceptable; given that medicines are developed with public money, the government is in a position to take measures to ensure that these medicines

become available at affordable, responsible prices. Speakers from License to Heal, the Centre for Research on Multinational Corporations (SOMO), Universities Allied for Essential Medicines and the Council for Health and Society (RVS) exchanged their views on the topic. Representatives from four parties attended the meeting: the Progressive Democratic Party (D66), the Green Party (GroenLinks), the Socialist Party (Socialistische Partij) and the Party for the Elderly (50Plus).

A week after the event, Parliamentarians from the Green Party, the Labour Party and the Socialist Party presented a legislative proposal to limit the power of pharmaceutical companies, which included our input for an independent national fund for research and development (R&D).



Participants of the event in the Dutch Parliament

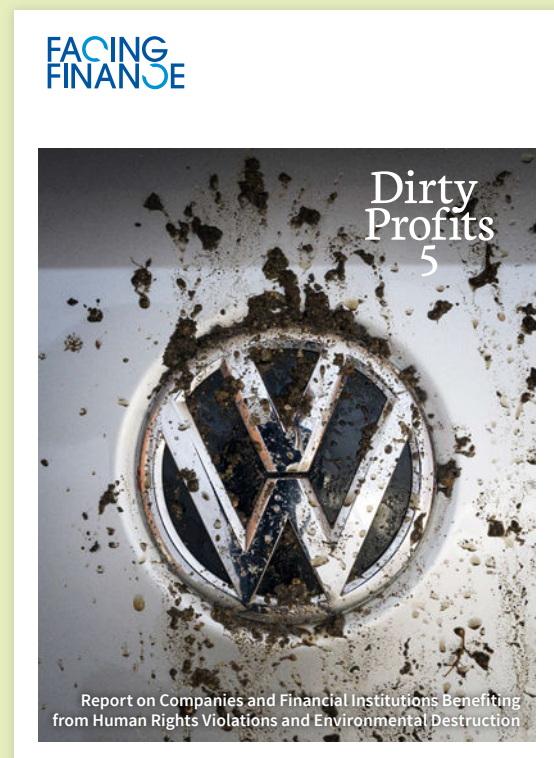
Advocacy for independent clinical research

Wemos advocates independent clinical research on new medicines prior to their registration on the European market. We wrote a position paper on the subject, 'Independent clinical research: a road towards affordable & valuable medicines', to guide our lobby discussions with Members of Parliament and the Ministry of Health. Our point of view is that the EMA should carry out at least one independent research study on new medicines. The Labour Party, the Green Party and the Socialist Party adopted this point of view. The planned event on this topic in the European Parliament was postponed to January 2018 at the request of the Member of European Parliament who will facilitate the event.

Our 2016 Egypt report, a co-production with SOMO and the Swiss organization Public Eye, gained a different kind of publicity in the aftermath of the legal case that one of the interviewed participants filed against Public Eye under judicial guidance of the pharmaceutical company Roche. The case, which Public Eye won eventually, attracted much attention from the press - also in the Netherlands - as it showed how the pharmaceutical industry is not reluctant to undermine organizations and critical research.

Publicity for unethical clinical trials

Following on our reports on unethical clinical trials in Egypt (2016), Kenya (2013), South Africa (2014), Zimbabwe (2015) and Egypt (2016), we published an updated compilation of the four, 'Clinical Trials in Africa'. In this report, we give an overview of our findings on unethical practices in clinical trials in Africa, and suggest measures to tackle and bring unethical practices in clinical trials to a halt. This report gave way to an article by Wemos and SOMO in the annual publication *Dirty Profits* by the German watchdog organization Facing Finance. In the Netherlands, the media platform *OneWorld* published a magazine and an online article on the topic, with a specific focus on Kenya. Another *OneWorld* magazine publication was about the need for independent clinical research. Both articles were widely shared online. We also commissioned a Kenyan journalist to film interviews with doctors and participants involved in clinical trials. We will publish the film clips in 2018.





ELLA WEGGEN Global Health Advocate

This year we reached a milestone: the European Medicines Agency (EMA) has been obligated by the European Parliament to report on how it monitors adherence to ethical guidelines during clinical research taking place in countries outside of Europe. EMA is legally bound to do this, nevertheless, the monitoring itself could be more transparent. Due to our annual lobbying, the agency must now report each year whether medicines are indeed tested in an ethical manner and how it carries out its inspection activities. The question remains *how* exactly the agency is going to go about it. Following this up, Wemos contributed to a letter, which was presented to the Director of the EMA, Professor Guido Rasi, by three members of the European Parliament. I consider the fact that three members of Parliament have insisted that the system must change to be a good step in the right direction. The EMA Director has since responded with an answer we all found to be completely unacceptable, as it does not guarantee transparency, which is so vital.

'Attention in politics and the media remains crucial'

Another highlight of the year was our session in the House of Representatives of the Dutch Parliament last November concerning public investments in medicines. In the past year, we have spoken to members of six parties, both to the left and to the right of the political spectrum. Our goal is to see to it that medicinal

research financed with public funds be carried out according to certain guidelines. For example, the possibility of determining a maximum price for a medicine or setting a maximum for the profit for a company, in order to limit the costs of health care. The timing of our session was perfect: a week

preceding the debate on medicines policy, and a week after the launch of a critical report from the Council for Health and Society who will continue to work on this issue. The result was that many of the proposals in the debate were discussed as well as included in an initiative supported by three political parties. These proposals are meant to increase the control over the costs of medicine. The Minister for Medical Care, Bruno Bruins, will necessarily have to respond to these proposals, first in a written reaction and later in debate. Naturally, as a lobbyist, I will follow this situation closely.



Ella Weggen at the medicines event in the Dutch Parliament in November

2018

The new year begins for me with an event that we will organize in the European Parliament where we look at how EMA functions in relation to independent clinical research on new medicines and the influence of pharmaceutical companies. Also, one of our partners (SOMO) will publish a research report on the amount of public funding invested in certain medicines here in the Netherlands. I also want to invite the American Professor of Public Health and writer Nicholas Freudenberg to the Netherlands to address Dutch policy makers and the European Parliament and to speak with the public on his book 'Lethal but Legal'. His work is a warning to consumers and governments, and an accusation towards the large multinationals that use every possible mean to ensure the safety of their commercial activities at the cost of our health. It is crucial that these messages continue to be heard in politics and in the media, to ultimately bring a change in these companies' practices.

Endocrine-disrupting chemicals

In 2012, the World Health Organization concluded that endocrine-disrupting chemicals (EDCs) pose a threat to global health. Wemos advocates protecting the health of Dutch and European citizens by banning these harmful substances from our daily lives and environment. Our main lobby goals are the implementation of a national plan for protection against EDCs and, in the short term, other protective measures by the Dutch government.

Resolutions adopted

Thanks to our lobby in the Dutch Parliament, the government adopted two resolutions: one on providing public information on the effects of EDCs on pregnant women, and another one on a ban on Bisphenol A (BPA) in food contact materials. While the discussion about a total ban and alternatives to BPA is ongoing, the BPA migration limit will be reduced in over 90% of food packaging. There is now a ban on BPA in baby food packaging materials.

Letter to Members of the European Parliament

In a letter to Members of the European Parliament, Wemos and two other organizations called upon the members to reject the current

criteria for identifying EDCs. Eventually, the European Parliament decided to reject the European Commission's proposed criteria for identifying these chemicals. Wemos applauds the Parliament's decision, as this is another step closer towards protecting our health and environment. Currently, our focus is on the development of the guidance document for the implementation of the criteria.

Event for Dutch Parliament members

We organized a knowledge session for Dutch Members of Parliament and policy makers. Four experts - a toxicologist, pediatrician, urologist and policy expert - explained how EDCs work and how they can affect public health.



We will focus on our lobby goals in the Netherlands, while we follow European developments closely. Our main attention will be on the execution of existing motions, and on future motions to realize the national plan. We will also highlight best practices from the industry to show the Dutch government that it is well possible to ban EDCs from our daily lives. In our communications we will emphasize the risk of health damage by EDCs for fetuses, babies and infants.



RENÉE DE JONG Global health advocate

An answer to the question of why it has taken so long to ban EDCs, in other words, hormone-disrupting substances, in, for example, medical supplies and in food packaging, is not easy to find. Business interests are extensive, and the Netherlands adheres to 'Brussels' policy on the subject.

'It all starts with good legislation'

In the long run, we work towards a ban on all hormone-disrupting substances in food packaging and we support more research on the development of safe alternatives to certain substances. We also press for a ban on EDCs in medical tools, for example, in infusions and in respiratory and dialysis machines. Recently, the European Commission published a report containing some tough conclusions. This report states that the hormone-disrupting substance DEHP, which keeps plastics flexible, is detrimental to reproduction. Pre-mature babies as well as seriously sick children and adults who, for example, are dependent on dialysis, are all at a heightened risk due to these hazardous substances leaking from medical equipment.

We hope that the discussion concerning EDCs will become the equivalent of that concerning asbestos which took place several years ago. Years before that, it was completely normal to use asbestos in buildings, houses, and products. It took quite some time before politicians, the business community and the general public became convinced that asbestos was actually a really harmful substance which should only be handled with great caution.

In any case, it all starts with good legislation. This is the reason we have worked diligently in the past year to put this issue on the agenda and to keep it there. This upcoming year, we will continue our work and organize another event to raise awareness of the problem among those who are involved.

Communication

We use communication products and activities as a strategic tool to strengthen our advocacy and increase our impact to realize the right to health worldwide. We use these essential tools to fulfil our ambition to be acknowledged as a leading advocacy organization in the field of global health in the Netherlands and internationally. We highlight the most urgent issues in the global health field, bring up examples and stories from the field, for example on the consequences of failing health systems in the focus countries in Africa, and use our communications in other ways to support the dialogue with our main target groups. By doing this, we will create a communicative organization that knows how to make its value, results and impact visible.

In 2017, next to the programme activities, we further developed our corporate communication materials and invested in publicity for our programmes and lobby goals, both in our own and external media.

Website coverage

We had 1,320 monthly unique visitors, 14,352 in total. On our website, we published 33 news articles in Dutch and 25 in English, and 15 blogs in Dutch and 5 in English by Wemos staff members. In 2018 we will publish all website content in

English and Dutch, and we will consider English as our main language.

More followers on social media

A larger online public noticed our social media activity, and our follower base on Twitter, Facebook, and even on LinkedIn grew substantially. The communications team also actively supported the Wemos staff in its social media actions by direct coaching and by creating a weekly set of tweets to share.



From **1,481** in the beginning of the year to **1,952 followers** by the end of 2017. Our aim is to have **3,000 followers** by the end of 2018. We had **1,016 mentions**, **1,690 share actions** and **1,835 clicks** on retweets.



From **656** to **804 likes**. We do not regard Facebook as a priority for us in 2018.



From **179** to **357 followers**. In 2018, we will strategize our LinkedIn reach.

Communication

Wemos' corporate materials

We visualized and verbalized the core of our work in:

- ▶ A 1,5 minutes animated film (launched in 2018)
- ▶ A corporate flyer in English and Dutch
- ▶ A folder for our lobby briefs, publications and other materials (delivered in 2018)
- ▶ A banner to visually support us at events.

Wemos in the press

We had 31 online mentions in the press and received 10 international media requests. In printed media, our publications on unethical practices in clinical trials in particular stirred up national and international publicity. Also, the start of our new director Mariëlle Bemelmans was well noted in mainly Dutch press; ViceVersa published a feature interview with her, whereas medical and healthcare websites Medisch Contact, Zorgvisie and SKIPR published an editorial. Mariëlle Bemelmans herself published two blogs on the global shortage of health workforce in PLOS and British Medical Journal.

Collaboration with media platforms

Our content collaboration with the Dutch media platform OneWorld resulted in two magazine and online articles on clinical trials on medicines and independent clinical research. These will be followed by an online long read in 2018.



Next to the Global Health Café cycle with ViceVersa, we also published online articles on this development sector media platform. At the end of the year, we commissioned ViceVersa to interview several health sector activists and policy makers in the focus countries in Africa, and to write an article based on the interviews. This assignment will be finalized in 2018.



In 2017, we started systematically monitoring online media. In 2018, we will make full use of the monitoring tool, in order to follow more effectively the media coverage of our main topics in the Dutch and international press, including the online press in the five African partner countries. In support of our positioning, we will organize intensive presentation training sessions for the staff, to pitch our core messages and unique selling points.



Fundraising

Our fundraising strategy is based on the premise that we aim to broaden our funding base, in addition to current grants from foundations and government funding. In 2017, we took successful steps in this direction with new programme funding from the Open Society Foundations. Also, our proposals to Dioraphte, IDA Charity Foundation and ASN Foundation were granted.

In 2017, we mapped Dutch and international foundations that support our field of work. These documents will help us find more new funding opportunities. In 2017 we also applied for funding at the National Postcode Lottery (NPL). Although our proposal was unfortunately rejected, we will continue and intensify our contacts with NPL in 2018.

Relation management

In 2018, we will invest further in our relation management with existing and aspired foundations, and support our director and global health advocates in their contacts with foundations and in executing our core business. We will also seek to increase our active communication with foundations by informing them regularly on our activities and results. Likewise, it is of great importance to us to maintain good communication with existing and loyal donors, and to facilitate easy online donations.



We will need to diversify our funding base to become less dependent on one donor. We aim at finding more non-earmarked funding and funding for longer periods, as it is one of the main characteristics of our type of work that the best result is not booked overnight. Our aim for 2018 is to approach several new foundations and institutional donors. In case of sufficient common ground, we will apply for funding. Also, we strive to maintain and strengthen our relationship with the Dutch Ministry of Foreign Affairs, who is a pivotal donor for our HSA Partnership and whom we will keep informed about and engaged in progress and successes.

MARIËLLE BEMELMANS Director



At least half of the world's population does not have access to essential health services. Wemos advocates access to health and protection against health threats. We address the underlying causes of why universal health coverage is not yet reached in many places in the world. In April 2017, Mariëlle Bemelmans succeeded Anke Tijtsma as Director of Wemos. 'Governments have both a national and a global responsibility in realizing the right to health for all', she says.

What stands out the most when you look back over this past year?

I have primarily harvested what had already been sowed. We are proud to be the global lobby and advocacy partner in the Health Systems Advocacy Partnership, a strategic collaboration to strengthen health systems in Eastern and Southern Africa. Through this partnership, we can connect with the most critical issues in the five focus countries, and

develop tangible and evidence-based cases for our international lobby. Vice versa, it allows us to translate international policy decisions to national policy contexts. On a personal level, I am glad to be able to expand on my experience and network at Wemos. Our work at international level is relevant to the same

issues as those I was confronted with during my time in Africa: how to strengthen health systems and improve policies for health workers. At Wemos, we are following international policy closely.

'We connect the dots'

That is where important decisions are made, which have an enormous impact on challenges in the health sector as well as other sectors that affect health.

You recently paid a visit to Malawi, the country where you worked for four years. What observations can you share?

What impressed me the most while working in Malawi ten years ago was that the country made great leaps in tackling the HIV epidemic, as well as other strides in maternal and child health, despite an enormous shortage of health workers. An emergency plan for health workers had been developed at the time, and the number of health professionals had almost doubled. Despite this increase in absolute terms, there are now fewer health workers on a population basis at work. The challenges that the health system is confronted with are therefore still enormous. Maternal mortality in Malawi is still highest in the region. The shortage of both professionals and resources is devastating. There are regular electricity shortages which means that sometimes operations are done by candlelight. I spoke to one medical assistant in a rural clinic who had been working non-stop for four years without a single day off. Why? Because there was no one available to stand in for him.

'We seek structural solutions'

What has been improved in ten years' time?

A great deal has been invested in training new staff. However, paradoxically, not enough new jobs have been created for the graduating health workers. This is not a problem that only concerns Malawi. On a global scale, much effort has been made to develop strategies to address the health worker shortages. Last year, for example, an important resolution was adopted at the World Health Organization's World Health Assembly: The Five-Year Action Plan for Human Resources for Health, which followed the earlier released Global Strategy for Human Resources for Health. This encourages me to think that investing in health care professionals is now increasingly seen as an investment instead of as a burden.

Please explain the paradox you mentioned.

You can only spend money once. Choices must necessarily be made and usually, the choice made is for short-term action. Health care spending is often fragmented and there is also corruption. We therefore advocate pooling international budgets with national resources; we present relevant case studies and make analyses. We see that national governments have to divide their limited budgets between the sectors, while, at the same time, trying to balance political priorities. And we see how Ministries of Health are often not in a strong negotiation position. That is the political reality: economic interests too often win the race against the interests of health. This, despite health being so vital; it should absolutely be a higher priority.



Mariëlle Bemelmans with Dorothy Ngoma (president of the National Organisation of Nurses and Midwives of Malawi (NONM)) discussing critical issues with health workers in Malawi

Where in the near future will the focus for Wemos lie?

We have a solid track record on medicines, health financing and health workers. We will build on these programmes to advocate the right to health. Our priorities lie with the most urgent questions for advancing in universal health coverage based on principles of equity and solidarity. Closer to home, we are particularly concerned with the ever-rising medicine prices. We engage with our government and with the European Medicines Agency to make the system of drug development and pricing more transparent. We seek structural solutions and those always take a lot of time. Our collaboration with partner organizations in, for example, Kenya, Uganda, and Malawi, help us to define and determine the most important issues, enabling us to direct our advocacy effectively.

In everything we do, it is all about binding The Netherlands and Europe to the rest of the world. The decisions that we take here influence the health of people in Africa, for example. And the other way around: health system challenges in Africa or other parts of the world directly affect The Netherlands. Everything is inter-related. When people ask me what Wemos does, I say: 'we connect the dots'.



The Wemos team (almost complete) in early 2018.

Internal organization

An extended review of our internal organization in 2017 is included in our Annual Report 2017.

Staff

In 2017 Wemos appointed a new director, manager of health systems and a communications and fundraising officer. Two temporary contracts were not extended and one staff member left the organization to take up new challenges.

At the end of 2017, the Wemos team consisted of 13 people. This number is equal to that of 2016. The number of FTEs increased from 10.45 to 11.23 FTEs.

Governance

Wemos is a foundation with a managing director and a supervisory board. The distinction between their roles is stated in the organization's statutes. The director's role is to govern the organization, which entails drafting, adopting and executing a policy plan. Such a plan gives insight into:

- ▶ What activities the organization pursues to attain its objectives;
- ▶ What method the organization uses to generate income;
- ▶ How the organization manages and spends its capital.

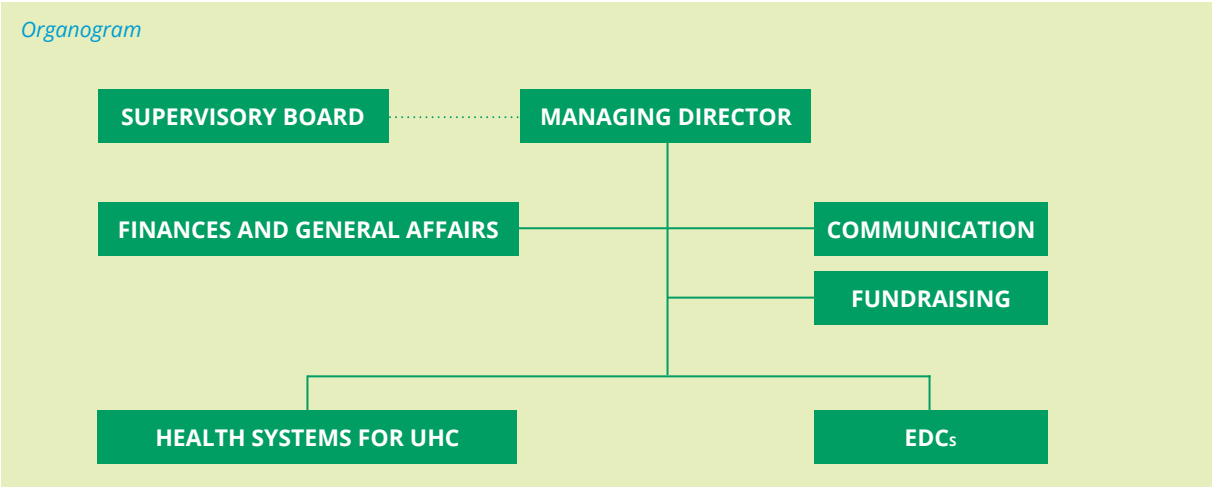
The supervisory board's role is to supervise the director's policy and the organization's general state of affairs, as well as to provide advisory guidance. Its specific tasks include:

- ▶ Appointment, suspension and dismissal of the director;
- ▶ Annual evaluation of the director;
- ▶ Appointment and dismissal of the accountant.

The supervisory board officially approves the following:

- ▶ Long-term policy plan and framework;
- ▶ Annual plan and annual budget;
- ▶ Annual financial statements and annual report;
- ▶ Long-term strategic partnerships.

The accounting firm Dubois & Co. performs interim and annual checks on our financial statements.



Members of the supervisory board

- ▶ A.T.C. (Bart) Bosveld, Director Bart Bosveld B.V. and Executive Director SETAC Europe
- ▶ L.J. (Leo) van der Heiden, Management team member, Management Nature and Biodiversity, Ministry of Economic Affairs
- ▶ J.A. (Jannie) Riteco (Secretary/Vice-chairwoman), Director Revalidatie Nederland (until 31-12-2017), Chairwoman Board of Directors De Waerden, Supervisory Board member Liliane Foundation, SWZ and Responz
- ▶ E.J. (Ed) Rütters (Chairman), Chairman Supervisory Board Lumens, Board of Directors (ad interim) Klimmendaal Revalidatie (as of 1-6-2017)
- ▶ J.H.P.M. (Joep) Verboeket, Director/general Director Het Vergeten Kind, Chairman Parents Council St. Vitus College and Board Member Theater Draad

As of April 1st 2017, Mariëlle Bemelmans was appointed as the new director. Before that, Nelke Manders served as the interim director over the course of nine months.

In 2017, the supervisory board and the audit commission held three meetings each. Next to this, the remuneration commission met a number of times in late 2016 and early 2017 for the recruitment of the new director. The board will evaluate its own performance in 2018.

Stakeholders

Wemos has partner organizations and networks in the Netherlands, Europe and worldwide. We are member of Medicus Mundi International (MMI), People's Health Movement (PHM), Geneva Global Health Hub (G2H2), Health and Environment Alliance (HEAL) and EDC-Free Europe. We also work closely with HSAP partner organizations ACHES, Amref and Health Action International, as well as with local civil society organizations in the HSAP focus countries. In 2017, we were financially supported by Dioraphte, Adessium Foundation, Open Society Foundations, IDA

Charity Foundation, ASN Foundation, and the Dutch Ministry of Foreign Affairs. Our role is that of global health advocate, and all programme staff members communicate with contacts and organizations via email, phone, Skype meetings, and face-to-face meetings (visit www.wemos.nl for a complete list of our partners and donors).

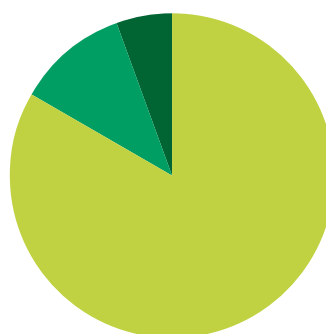
Wemos has a complaints procedure, which describes how and within what time frame complaints from stakeholders must be processed. This procedure has been published on our website, in Dutch as well as in English. In 2017, Wemos did not receive any complaints.

Financial revenue and results

In 2017, over 80% of Wemos' income was financed by the Dutch Ministry of Foreign Affairs. This subsidy scheme will continue until the end of 2020. It is our aim to diversify our funding base from 2021 onwards: a maximum of 50%-60% of our income should come from one donor.

Expenditure on programme objectives

By far the greatest part of our expenditure – 83.4% - was spent on our objective. Therefore we have succeeded in achieving our target of >80% as well as the norm set by the Dutch Central Bureau on Fundraising (CBF). The fundraising costs were 11.2% of total expenditure, which also meets our target and the CBF-norm (25%).



Ratio total expenditure

- Spent on core programmes 83.4%
- Fundraising 11.2%
- Management & administration 5.4%

STATEMENT OF INCOME & EXPENDITURES (AS OF DECEMBER 31ST 2017) All amounts are in Euro

	Actuals 2017	Budget 2017	Actuals 2016
INCOME			
Income individual donors	7,440	4,000	7,753
Income governments	1,075,853	1,294,630	813,228
Income foundations	201,309	202,813	242,687
Total income	1,284,602	1,501,443	1,063,668
Other income	0	0	2.796
Total income	1,284,602	1,501,443	1,066,464
EXPENDITURES			
Total expenditure for strategy	1,029,980	1,316,466	891,237
Income acquisitions costs	137,719	125,101	79,695
Costs management and administration	67,020	105,295	54,019
Total expenditures	1,234,719	1,546,862	1,024,951
<i>Result for financial profit and losses</i>	<i>49,883</i>	<i>-45,419</i>	<i>41,513</i>
Balance of financial profit and losses	1,512	906	4,500
BALANCE OF INCOME AND EXPENDITURES	51,395	-44,513	46,013
<i>Result allocation</i>			
Addition/withdrawal:			
Continuation reserve	1,395	487	0
Designated funds	50,000	-45,000	46,013
TOTAL	51,395	-44,513	46,013

BALANCE *All amounts are in Euro*

	31-12-2017	31-12-2016
ASSETS		
Fixed assets		
Tangible fixed assets	3,201	8,076
Current assets		
Receivables	49,950	41,300
Liquidities	1,474,165	1,128,394
TOTAL ASSETS	1,527,317	1,177,771
	31-12-2017	31-12-2016
LIABILITIES		
Reserves		
Continuation reserve	529,538	528,143
Designated funds	127,994	77,994
Total reserves	657,532	606,137
Short-term liabilities	869,784	571,634
TOTAL LIABILITIES	1,527,317	1,177,771

Budget 2018

The budget table below has been included in the annual plan 2018 and approved by the supervisory board during its meeting on 17 January 2018.

	Health Systems	EDCs	Medicines	Innovation	Total
FTEs	10.22	1.00	1.41	0.21	12.84
INCOME					
Income individual donors	5,259	517	724		6,500
Income governments	1,117,622				1,117,622
Income foundations	161,600	81,000	100,500		343,100
Total income	1,284,481	81,517	101,224	0	1,467,222
EXPENDITURES					
Project costs	250,975	7,800	8,890		267,665
Personnel costs	940,287	86,964	98,889	17,540	1,143,680
Accommodation	51,662	5,076	7,112		63,850
Office & general costs	50,812	4,993	6,995		62,800
Costs comm & fundraising	27,348	2,687	3,765		33,800
Depreciation	2,832	278	390		3,500
Total expenditures	1,323,916	107,798	126,041	17,540	1,575,295
<i>Result for financial profit and losses</i>	<i>-39,435</i>	<i>-26,281</i>	<i>-24,817</i>	<i>-17,540</i>	<i>-108,073</i>
Balance of financial profit and losses	243	24	33	0	300
BALANCE OF INCOME AND EXPENDITURES	-39,192	-26,257	-24,784	-17,540	-107,773

The Supervisory Board has approved the budget shown above under the condition that significant efforts will be made to secure new funding to balance the budget. This concerns a total amount of € 90,233. The budgeted deficit for innovation of € 17,540 can be allocated to the designated fund for innovation.

Colophon

Wemos Foundation
Ellermanstraat 15-O
1114 AK Amsterdam-Duivendrecht
T +31 020 435 20 50
E info@wemos.nl

www.wemos.nl

author Wemos

layout Piraña grafisch ontwerp

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